

Form Number 2

STATE OF INDIANA) IN THE _____ SUPERIOR/CIRCUIT COURT
) SS:
COUNTY OF _____) CASE NO. _____

Petitioner,

V.

Respondent.

VERIFIED MOTION FOR FEE WAIVER

_____ now states:

1. I have filed a court action against someone or someone has filed a court action against me and I believe that I have a case with merit.
2. I cannot pay any of the filing fees, costs, security, bond, or other expenses of this action because I do not have sufficient income or resources.
3. I live with _____.
4. Our family's income is \$_____ per month. *(Total from line #31 below)*

(Income received each month, before taxes)

Wages (\$_____ per hour x _____ hours per month)	_____
Unemployment Compensation	_____
AFDC / TANF Benefits	_____
SSI / SSD Benefits	_____
Child Support	_____
Other (please describe): _____	+ _____
Total =	\$ _____

5. We have \$_____ in the bank.
6. Our expenses total \$_____ per month: *(Total from line #47 below)*

(Expenses spent each month)

Housing (Rent, Contract, or Mortgage)	_____
Utilities (Gas, Electric, Water, Phone, etc.)	_____
Food	_____
Child Care	_____
Medical Bills	_____
Transportation	_____
Insurance (car, medical and/or property)	_____
Child Support	_____
Other (please describe): _____	+ _____
Total	\$ _____

Form Number 2 (continued)

48
49
50
51
52
53
54
55
56
57
58
59
60
61
62
63
64
65

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

I affirm under the penalties of perjury that the foregoing representations are true.

Signature

Print your name

Mailing address

Town, State and Zip Code